

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP			IND		DEP			IND		DEP	
	IND	DEP	IND	DEP	IND	DEP		IND	DEP	IND	DEP		IND	DEP	IND	DEP		IND	DEP		
1	1						51		3												
2	1						52		3												
3		2					53		3												
4		2					54		3												
5		2					55		3												
6		2					56		3												
7		1					57	1													
8		1					58		1												
9		1					59	1													
10		2					60		1												
11		2					61	1													
12		2					62	1													
13		2					63		2												
14		2					64		2												
15		2					65		2												
16		2					66		2												
17		2					67		2												
18		2					68		2												
19		2					69		2												
20		2					70		2												
21		2					71		2												
22		2					72		2												
23		2					73		2												
24		2					74		2												
25		2					75		2												
26		2					76		2												
27	1						77		2												
28	1	1					78		2												
29	1						79		2												
30		3					80		2												
31		3					81		2												
32		3					82		2												
33		3					83		2												
34		3					84		2												
35		3					85	1													
36		3					86	1													
37		3					87	1													
38		3					88	1													
39		3					89		4												
40		3					90		4												
41		3					91		4												
42		3					92		4												
43		3					93		4												
44		1					94		4												
45		1					95		4												
46		1					96		4												
47		1					97		4												
48		1					98		4												
49		1					99		4												
50		3					100		4												
TOTAL IND.	←		←		←		TOTAL IND.	←		←		←		←		←		←		←	
TOTAL DEP.	←		←		←		TOTAL DEP.	←		←		←		←		←		←		←	
TOTAL CLAIMS	←		←		←		TOTAL CLAIMS	←		←		←		←		←		←		←	

1654 80
213 51
4072 82
211 2
1541 13